

Special Articles and Association Notes

The Manitoba Medical Association Review

Formerly the Bulletin of the Manitoba Medical Association

ESTABLISHED 1921

WINNIPEG, OCTOBER, 1938

Published Monthly by the
MANITOBA MEDICAL ASSOCIATION

Editorial Office
102 MEDICAL ARTS BUILDING, WINNIPEG

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Annual Subscription - \$2.00

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Minutes of Executive Meetings

Minutes of a meeting of the Winnipeg members of the Executive of the Manitoba Medical Association held in the Medical Arts Club on Tuesday, August 9th, 1938, at 6.00 p.m.

Present.

Dr. C. W. Burns	Dr. E. W. Stewart
(Chairman)	Dr. S. G. Herbert
Dr. Digby Wheeler	Dr. E. S. Moorhead
Dr. O. C. Trainor	Dr. A. S. Kobrinsky
Dr. W. G. Campbell	Dr. C. W. MacCharles.

Annual Meeting.

The programme for the annual meeting was discussed, and reports made by the Chairman of the Scientific Programme Committee and the Chairman of the Entertainment Committee.

Arrangements for reports to the press and other details were also dealt with.

Federation.

The question of federation with the Canadian Medical Association was discussed at considerable length.

It was moved by Dr. O. C. Trainor, seconded by Dr. Digby Wheeler: THAT the Committee on Federation be asked to prepare a report for the

next meeting of the Executive. Following this report recommendation should be made by the Executive to the Annual General Meeting.

—Carried.

Report of Manitoba Member on the Executive of the Canadian Medical Association.

Dr. Moorhead discussed the plans for the Department of Cancer Control of the Canadian Medical Association and the Canadian Society for the Control of Cancer.

He also reported that the application from the Committee on Maternal Welfare of the Canadian Medical Association for \$2,000.00 from the Canadian Medical Association for the maternal survey in Manitoba had been granted.

Report of Chairman of Committee on Sociology.

Dr. Moorhead reviewed the communications between the Committee on Sociology and the Medical Sub-Committee of the City Council. The policy to be adopted was discussed at length.

Dr. Moorhead discussed the brief for the Royal Commission on the Municipal Finances and Administration of the City of Winnipeg.

It was moved by Dr. S. G. Herbert, seconded by Dr. A. S. Kobrinsky: THAT the Executive Committee approve of the brief prepared by the Committee on Sociology for presentation to the Royal Commission on the Municipal Finances and Administration of the City of Winnipeg.

—Carried.

The meeting then adjourned.

Minutes of Meeting of the Executive Committee of the Manitoba Medical Association held in the Medical Arts Club on Wednesday, August 31st, 1938, at seven o'clock p.m.

Present.

Dr. C. W. Burns	Dr. Digby Wheeler
Dr. E. S. Moorhead	Dr. W. W. Musgrove
Dr. A. S. Kobrinsky	Dr. H. O. McDiarmid
Dr. S. G. Herbert	Dr. E. K. Cunningham
Dr. Geo. Clingan	Dr. S. Bardal
Dr. E. W. Stewart	Dr. O. C. Trainor
Dr. J. R. Martin	Dr. W. S. Peters
Dr. D. G. Ross	Dr. C. W. MacCharles.
Dr. W. G. Campbell	
Guest — Dr. F. D. McKenty.	

Following dinner, Dr. Burns, the President, called the meeting to order and requested that the minutes of the last Executive meeting be read.

It was moved by Dr. E. S. Moorhead, seconded by Dr. Digby Wheeler: THAT the minutes of the last regular Executive meeting, having been published in the *Review*, be taken as read. —Carried.

The Secretary having read the minutes of a special meeting of the Winnipeg members, held on August 9th, it was duly moved and seconded: THAT these be adopted. —Carried.

Report of Committee on Workmen's Compensation Board.

Report of this Committee was read and following discussion it was moved by Dr. Digby Wheeler, seconded by Dr. S. G. Herbert: THAT this report be accepted. —Carried.

Associate Medical Services Incorporated.

The Secretary distributed reprints of an article from the Canadian Medical Association *Journal* by Dr. J. A. Hannah, Chief Medical Officer of Associate Medical Services Inc., Toronto.

The Secretary reported on his conversations with Dr. Hannah in Toronto.

Medical Secretaries' Conference.

The Secretary reported on the conference of medical secretaries in connection with the Annual Meeting of the Canadian Medical Association at Halifax in June.

Membership Report.

The Secretary reported an increase in membership over last year.

Report of Representative on Executive Committee of Canadian Medical Association.

Dr. Moorhead reported on the meeting of the Executive Committee of the Canadian Medical Association held in connection with the Annual Meeting at Halifax in June. He reported that the brief of the Manitoba Medical Association in regard to Federation had been referred to a Sub-Committee and their report, which rejected the principles from Manitoba, was adopted by the Executive Committee.

He also reported on the discussions with regard to the King George V. Silver Jubilee Cancer Fund.

King George V. Silver Jubilee Cancer Fund.

The report of the Sub-Committee was adopted after a considerable discussion; copy of the report and correspondence is on file.

Report of the Committee on Federation.

The Committee on Federation submitted a report which after prolonged discussion was adopted.

Relief Cases in Rural Areas.

The Secretary reviewed correspondence in connection with this subject and reported on the District Society meetings at which it had been discussed. A motion was finally carried referring this matter to the incoming executive.

Report of Chairman of Committee on Sociology.

Dr. Moorhead reported on the work done in obtaining morbidity statistics in rural areas.

Report of Committees to be Submitted to Annual Meeting.

Reports of the following committees were read and adopted: Editorial Committee, Radio Committee, Committee on Sociology, Committee on Historical Medicine and Neurology, Committee on Maternal Mortality and report of Editorial Committee of Canadian Medical Association *Journal*.

Report of Committees for the Annual Meeting.

Dr. Wheeler reported on the work that had been done by the Committee on the Scientific Programme, and Dr. Herbert reported on the Entertainment Committee.

Representatives on Committees of Canadian Medical Association.

The names suggested as representatives on the various committees of the Canadian Medical Association were approved.

Correspondence.

Letter from Dr. E. S. Bolton re. Cornwallis Health Unit was read. A motion was passed referring this to the Legislative Committee.

A letter from the Secretary of the Canadian Medical Association was read, advising that it had been duly proposed that the Canadian Medical Association should hold its Annual Meeting in Winnipeg in 1941.

It was moved by Dr. W. S. Musgrove, seconded by Dr. W. G. Campbell: THAT this letter be replied to advising that the Manitoba Medical Association would take great pleasure in accepting this suggestion of the Canadian Medical Association. —Carried.

Letter from Winnipeg Medical Society.

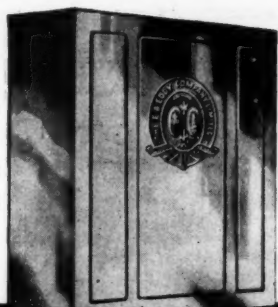
A letter from the Honorary Staff of St. Joseph's Hospital with covering letter from the Winnipeg Medical Society regarding research work of Dr. J. R. Davidson on cancer, was discussed.

It was moved by Dr. Digby Wheeler, seconded by Dr. S. Bardal: THAT this Association apply to the Department of Cancer Control of the Canadian Medical Association asking them if they would consider an application from Dr. Davidson for financial assistance in his research work on cancer. —Carried.

The meeting then adjourned.

Nothing can be done without preconceived ideas; only there must be wisdom not to accept their deductions beyond what experiments confirm. —Pasteur.

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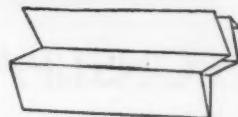
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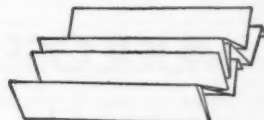
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Department of Health and Public Welfare

NEWS ITEMS

ENCEPHALITIS IN MANITOBA

Since September 1st, 1938, there have been several known cases of encephalitis in the western portion of Manitoba, and there have also been reported ten cases in the south-eastern part of Saskatchewan. The known ages of these cases are as follows:

Under 24	25 - 44	Over 45
5	3	4

From reports so far received, the symptoms most frequently noted were as follows:

Severe headache.

Vomiting.

Temperature ranging from 100° to 105°.

Pulse slow (one case reported with a temp. of 103° and pulse only 78).

Stiff neck and back appearing early and often persisting after acute symptoms subside.

Sometimes shifting muscular pains.

Drowsiness, with mental confusion, mumbling speech, mask-like facies.

Ptoris of upper eyelids.

General appearance that of the "typhoid state."

Spinal fluid—clear, only under moderate pressure, and slight increase in cells.

Several cases have been reported as having nephritis as a complication.

Some of the cases appear relatively mild, while others have been very ill, but it is too soon to know definitely what the ultimate outcome may be, although one or two cases have continued with mental confusion and coarse tremor of both upper and lower extremities for upwards of two weeks.

There has been at least one known death.

It would appear that these cases might be similar to the Type "B" encephalitis reported first in epidemic form in St. Louis in 1933.

No specific form of treatment is known.

It is recommended that these cases be isolated, until the temperature disappears, or for at least two weeks.

All cases are to be reported to the medical health officer.

The following is a third article published in "Preventive Medicine" entitled "Mental Hygiene of Childhood" and prepared by Dr. Howard W. Potter, Professor of Clinical Psychiatry, Columbia University. The first article was published in May issue and the second one in September issue of The Manitoba Medical Association "Review" under News Items from the Department of Health and Public Welfare:—

MENTAL HYGIENE OF CHILDHOOD (Prepubertal Period, Six to Twelve Years)

"Mental hygiene does not exist in actual practice except in gross application here and there, in the form of parent, teacher, and child education movements. Mental hygiene clinics can hardly be considered preventive in their actual functioning as they deal with problems of mental maladjustment which require treatment; the time for prevention in these problems had passed long before the child's first appearance at the clinic.

"General hygiene has been developed and built up on our knowledge of the abnormal. Mental hygiene concepts likewise are derivatives of pathology, i.e., psychopathology. In psychiatric practice with maladjusted children there are many opportunities to see personality, or perhaps more specifically speaking, psychopathology in the making. Some of the common everyday observations gained through many years of psychiatric practice with children are brought out in relief in this communication as they point the way to a positive and practical mental hygiene. The underlying premise upon which this communication is based is that every individual is a product of the impact of the environment on the inherited constitution. This dynamic inter-relationship throughout the various levels from physical to psychical gives rise to the concept of an emergent evolution of traits, characteristics, capacities and incapacities, physical and mental in nature.

"As the welfare of the child, both physical and mental, is intimately bound up with the family it is appropriate to focus attention first on the family group. There is undoubtedly nothing of greater importance to mental hygiene than a stable family group. The inferences to be drawn from this statement should embrace more than the hereditary factors, for the influence which stability of the family group has in the moulding of a stable, well adjusted personality merits a great deal of emphasis.

"Gross parental instability such as psychopathy, neurosis, alcoholism, and antisocial behavior, as well as homes disrupted by divorce, sickness and death are a potential threat to the mental hygiene of the child. Such abnormal mental states in parents and such domestic catastrophies may be regarded as threats to the security of the child which should be counteracted to insure the child's healthy development and the growth of his personality. When such conditions are present careful supervision and intelligent guidance, often with the aid of expert advice, "before difficulties arise in the child," may avert maladjustments at a later date. This would constitute positive mental hygiene.

"In addition to such obvious faults in the family situation, there are those which are less obvious and which are found in parents who are not mentally abnormal. Such faults consist of subtle personal attitudes and biases, sometimes referred to as complexes. A case in point is the intelligent mother who over-protects her child and yet is aware that over-protection is not in the best interest of the child. The real problem is to find out what there is in the mother's own personality which compels her to act against her better judgment and not in accord with what would be in the best interests of the child.

"Leanings or tendencies in parents toward over-protection and over-solicitude are easily recognized and should be regarded as threats to the mental hygiene of the child. Over-protective tendencies are not always eradicated by advice no matter how sound and logical the advice may be. The factors in the personality behind such an attitude must be brought to light before advice can be followed. If this is done before the child's personality is involved it constitutes a form of positive mental hygiene.

"At the other extreme are those parents who are severe, over-strict, and authoritative to an extreme. Some are perfectionists and unimaginative. Their perfectionistic strivings may be compensations for some lack they feel in themselves. Thus such parents project on the child their own personality kinks and rationalize by believing it in the best interest of the child to regiment him by means of a strict disciplinary code.

Children do react, however, one way or another, to such methods, much to the chagrin of their well intentioned elders. Splinting the life of a child is just as crippling a procedure as encasing his knee joint in a plaster cast for too long a time. Such parents need an interpretation of their relationship to their children and an insight into the motives behind their perfectionism and rigidity before they can function more reasonably toward their children.

"Somewhat akin to the perfectionist attitude of parents are those problems represented by the father who having been unable to fulfill his ambition to become a professional man attempts to realize his frustrated aspiration by requiring his son to study for a profession; or the mother who feels inadequate because of her meagre education and hence is especially critical of her daughter's scholarship and is constantly urging her to do better. It is through the recognition of such factors at work in their own personalities that such parents are enabled to permit their children to make some choice as to their own careers. This is another situation in which positive mental hygiene may forestall the sometimes disastrous effects on personality later in life resulting from a person's attempting to do a job which he accepted because of parental coercion but which does not interest him.

"The problem of the parent who has never grown up offers another opportunity for positive mental hygiene. Such a parent usually bickers and quarrels with his or her children and unwittingly regards them as rivals for the affection and attention of his or her mate. Such parents are usually not able to supply the leadership and guidance so much needed by their children. This type of parent presents one of the most difficult problems to manage. The problem has to be met in some instances by working through the more stable parent of the pair.

"There are, also, problems of interparental incompatibility: incompatibility that is frequently not obvious or glaring but which nevertheless is real and biases the attitudes of the parents toward the children. There may be gross differences of opinion as to how to bring up the children, or one or the other parent devotes his or her entire life to the child as sort of solace for their disappointment in their mate. In other instances one or another of the children may represent, in the mind of one of the parents, the hated partner, and thus the child becomes the recipient of a good share of hostility in sort of a second handed fashion. Such situations require skillful handling and certainly are sources for personality difficulties in one or more of their children.

"There is seldom anything intentionally unhygienic in a parent's attitude toward his or her children. Most parents, in the final analysis, love their children, are well intentioned, and want them to grow up to be normal healthy adults. Parents should not be blamed for what they do; they are no more intentionally responsible for introducing one or more faulty personality trends in their children than is the mother with an incipient tuberculosis intentionally responsible for infecting her child with the tubercle bacillus. Faulty parent-child relationships are largely based on feeling relationships and attitudes. The average intelligent parent usually knows how children should be brought up. The problem in most instances is not one of a lack of knowledge but a fault in the capacity of the parent to put into practice what they know or have been told about child training. This incapacity is dependent on emotional conflicts within their own personality and cannot be remedied by an edict.

"There are other attitudes of parents which must be considered as a challenge to mental hygiene. Commonly met is an attitude that sex and anything allied to it, especially if expressed by children, is the devil's magnum opus on sin. Questions of children regarding

sex differences, sexual functioning, where babies come from, and sex practices are clumsily handled because of the distorted attitude of the parent. Such problems arise throughout childhood and in the pre-adolescent and adolescent years. Parents can be prepared for such situations by anticipating them and often profit by some assistance in orienting their own attitudes to a more objective biological point of view. When these situations are badly managed there may be laid down in the child the beginning of a neurosis which will extend into adult life and interfere with a healthy adjustment to the demands of adult sexuality.

"Sibling relationships, especially those characterized by competition for parental approval, are fruitful sources of maladjustment in children. A good deal of jealousy in older children for younger sibs is initiated with the birth of the younger sib. The birth of a brother or sister is usually followed by a temporary deposal of the older child. To this he reacts almost as a natural sequence with jealousy and sometimes with mystification and perplexity as to where and how this new arrival and rival put in its appearance. Proper handling of the situation at this critical period is important and may forestall further undesirable reactions at a later date. There is a tendency, in the excitement and tension regarding the oncoming event of birth to forget the child who is already present in the family setting.

"Comparisons of children by parents are to be discouraged as they create sib jealousy with all its attending quarreling and unpleasantness. Here again persistence along such lines to the detriment of one or the other of the children can often be explained and curtailed by an investigation into underlying parental motives or attitudes.

"Let us now turn our attention more specifically to the child himself. We find here two major problems which are intimately related to mental hygiene, the child who is handicapped intellectually and the child who is handicapped physically. It is possible for children with one or the other of these handicaps to grow up with reasonably normal, healthy personalities. When such handicapped children are fortunate enough to arrive at adulthood with pretty well integrated personalities the problem of finding a place for them in our social and economic scheme is much simplified.

"We should know, at least approximately, the intellectual equipment of young children as they start to school. Incidentally, the very bright child with a superior intelligence is apt to be as much of a problem in school adjustment as the mentally retarded child. In addition to a general retardation of intelligence there is also the child who has specific educational disabilities such as defects in the language zone. Obviously the danger to these children lies in the repeated frustrations and unfavorable competition they meet with when treated educationally as normal or average children. Such children are likely to be exposed to one of two attitudes at home, either they are not understood and regarded as lazy and admonished to study more and harder or they are over-protected and over-indulged because of their handicap. Some of these situations so destructive to the personality can be anticipated and avoided if the child is surveyed mentally as well as physically before beginning school.

"Children who are physically handicapped with such conditions as chronic valvular heart disease, tuberculosis, partial blindness or deafness, orthopedic deformities, diabetes, marked deviations in body build, etc., and those who are subject to repeated and frequent acute illnesses are subjects for positive mental hygiene. The threat to the personalities of such children is three fold—the physical handicap serves as a frustration to many of the normal ego drives, it creates a feeling of difference, and fosters an attitude of over-solicitude and over-protection on the part of parents and others. Treatment of the total situation as well as the specific difficulty is of mental hygiene value.

"A word should be said about children who are congenitally syphilitic. Of course the real preventive work here lies in the treatment of the mother before the child is born. All children having congenital syphilis are potential cases of central nervous system syphilis. I cannot urge too strongly an occasional check of the spinal fluid and the immediate use of trypanamide therapy whenever the spinal fluid findings are positive. It is important to know that there is no evidence that ordinary antisyphilitic treatment, even if well administered, is a guarantee against the development of central nervous syphilis.

"Those children whose intellectual and emotional difficulties are directly dependent on a cerebral lesion present not only neurological problems, but problems of mental hygiene as well. Such children are also subject to all the vicissitudes of parental attitudes and environmental forces; these external factors can be manipulated so as to avoid the addition of stress and strain to an already crippled mentality.

CONCLUSION

"Mental hygiene should strike at the source of the psychological infection and will be effective if integrated and co-ordinated with hygiene in general. In addition to gross defects in the family constellation there are faulty attitudes and biases in the personalities of parents and others which are dysgenic and often underlie faults in parental executive functioning.

"No general rule can be established for bringing up children. The needs in the personalities of different children are subject to as much variation as the needs of their gastro-intestinal tract. Just as there is no one feeding formula which will agree with all children so there is no one formula which will meet the requirements of the personality in all children and just as the more sensitive the digestive system the more carefully must a formula be prescribed, so the more involved the family constellation, the more skillfully must it be handled.

"Individual differences and defects in the physical and mental equipment of the child need to be known and require understanding and manipulation of both the environment and the child in order to build a sound and healthy mind as well as body.

"Efforts are now being made to build up healthy physiques and prevent disease by periodic physical health check-ups in children. Periodic mental health check-ups seem to offer a practical method for building up healthy personalities and preventing the development of emotional conflicts and unhealthy attitudes in the growing generation."

COMMUNICABLE DISEASES REPORTED

Urban and Rural - August, 1938.

Occurring in the Municipalities of:

Tuberculosis: Total 140—Unorganized 17, Portage City 12, Winnipeg 10, Rockwood 7, Stanley 6, St. Laurent 6, Grandview Town 5, Brandon 4, Dufferin 4, Norfolk North 4, Bifrost 3, Ellice 3, Harrison 3, Kildonan West 3, Neepawa 3, Siglunes 3, St. Vital 3, Woodlands 3, Daly 2, Glenwood 2, Lawrence 2, Norfolk South 2, Pembina 2, Silver Creek 2, Springfield 2, St. Andrews 2, The Pas 2, Armstrong 1, Clanwilliam 1, Cypress North 1, Dauphin Town 1, Ethelbert 1, Grey 1, Hamiota Village 1, Kildonan North 1, MacDonald 1, Ochre River 1, Plum Coulee 1, Portage Rural 1, Rhineland 1, Rosburn 1, Rosser 1, Selkirk 1, Shell River 1, Shoal Lake Rural 1, Stonewall 1, St. Clements 1, Ste. Rose Rural 1, Transcona 1, Whitemouth 1.

Whooping Cough: Total 71—Winnipeg 23, Unorganized 17, Transcona 6, Tuxedo 3, Arthur 2, Boissevain 2, Brandon 2, Brokenhead 2, Daly 1, Flin Flon 1, Portage City 1 (Late Reported: June, Kildonan East 1; July, Portage City 8, Hamiota Village 2).

Scarlet Fever: Total 48—Winnipeg 14, Minto 6, Portage Rural 2, St. Boniface 2, St. James 2, St. Vital 2, Transcona 2, Albert 1, Bifrost 1, Boissevain 1, Brandon 1, Brokenhead 1, Flin Flon 1, Hanover 1, Kildonan East 1, Pilot Mound 1, Portage City 1, Selkirk 1, Stonewall 1, Unorganized 1, Westbourne 1, Whitewater 1 (Late Reported: July, De Salaberry 2, St. Andrews 1).

Anterior Poliomyelitis: Total 39—Winnipeg 16, St. James 4, Portage Rural 3, Unorganized 3, Brenda 2, Arthur 1, Cypress South 1, Gimli Rural 1, Grey 1, Kildonan East 1, Morris Rural 1, Portage City 1, St. Boniface 1, Whitewater 1 (Late Reported: July, Glenwood 1, Unorganized 1).

Chickenpox: Total 33—Winnipeg 21, Daly 2, Boissevain 1, Grey 1, Kildonan West 1, Minto 1, St. Boniface 1, St. James 1 (Late Reported: June, Kildonan East 2; July, Daly 1, St. James 1).

Mumps: Total 15—Winnipeg 9, Brandon 3, Ethelbert 1, Fort Garry 1 (Late Reported: July, De Salaberry 1).

Diphtheria: Total 13—Winnipeg 3, Brandon 1, Gimli Rural 1, Rosedale 1, St. Clements 1, Unorganized 1 (Late Reported: May, St. Boniface 1; June, Tache 1; July, De Salaberry 2, St. Paul East 1).

Influenza: Total 12—(Late Reported: March, Hamiota Village 1, Minitonas 1; April, Montcalm 1, Unorganized 1, Winnipegosis 1; May, Minto 1, Morris Rural 1, Winnipegosis 1, Whitehead 1; June, Brandon 1, Grandview Town 1, Unorganized 1).

Measles: Total 8—Brokenhead 2, Boissevain 1, Elton 1, Flin Flon 1, Gretna 1, Winnipeg 1 (Late Reported: July, St. James 1).

Erysipelas: Total 7—Winnipeg 5, Grandview Town 1, Portage City 1.

Typhoid Fever: Total 6—Bifrost 1, De Salaberry 1, Kildonan East 1, Swan River Town 1 (Late Reported: May, Fort Garry 1; June, Unorganized 1).

German Measles: Total 5—Brandon 3, Arthur 1, Ethelbert 1.

Septic Sore Throat: Total 3—Virden 1 (Late Reported: May, Brandon 1, Winnipegosis 1).

Cerebrospinal Meningitis: Total 1—Unorganized 1.

Undulant Fever: Total 1—Pilot Mound 1.

Typhoid Para Typhoid: Total 1—Emerson 1.

DEATHS FROM ALL CAUSES IN MANITOBA

For the Month of July, 1938.

URBAN—Cancer 38, Pneumonia 13, Tuberculosis 9, Syphilis 2, Infantile Paralysis 1, Lethargic Encephalitis 1, Throat Infection 1, all others under one year 20, all other causes 132, Stillbirths 13. Total 230.

RURAL—Tuberculosis 14, Cancer 13, Pneumonia 8, Influenza 3, Diphtheria 2, all others under one year 19, all other causes 105, Stillbirths 15. Total 179.

INDIAN—Tuberculosis 11, Pneumonia 2, Influenza 1, all others under one year 6, all other causes 3. Total 23.